

JUL. 13. 2005 4:06PM

AVENTIS US PAT DEPT

NO. 6804 P. 2/2

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail
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 AVENTIS PHARMACEUTICALS INC.
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Bonnie Stein	(Depositor's name)
<i>Bonnie Stein</i>	(Signature)
<i>July 13, 2005</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/764,853	01/26/2004	Antony Bigot	ST01033 US CNT	9800

TITLE OF INVENTION: USE OF 2-AMINO-THIAZOLINE DERIVATIVES AS INHIBITORS OF INDUCIBLE NO-SYNTASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/22/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
PAVIGLIANITI, ANTHONY JOSEPH	1626	514-236800			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Irving Newman

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Aventis Pharma S.A.

Antony, Cedex, France

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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4b. Payment of Fee(s):

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-1982 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Irving Newman*Date July 13, 2005Typed or printed name *Irving Newman*Registration No. 22,638

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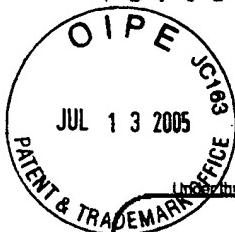
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NO. 6804 P. 1/2



**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

PTO/SB/21 (09-04)

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Application Number	10/764,853
Filing Date	January 26, 2004
First Named Inventor	Antony BIGOT et al.
Art Unit	1626
Examiner Name	PAVIGLIANTI, Anthony Joseph
Attorney Docket Number	ST01033 US CNT

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
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Remarks			
1) Issue Fee - Part B - Fee(s) Transmittal - 1 pg.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AVENTIS PHARMACEUTICALS INC.		
Signature			
Printed name	Irving NEWMAN	Reg. No.	22638
Date	July 13, 2005		

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Signature			
Typed or printed name	Bonnie Stein	Date	July 13, 2005

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